Do you want your business to be exposed to 4,500-6,500 people per week?

Then contact us about our









## Cost:

- Information Only- \$150
- Commercial Sales or Registrations- \$200

(Will receive two free pass coupons for each person representing the business to use at Freestone Recreation Center. Maximum 6 passes)

We only feature one business per week so call today for an application!

For Additional Details, Contact Phillip Carter:

Phone: 480-503-6228 Fax: 480-503-6209

E-mail: phillip.carter@gilbertaz.gov





## FREESTONE RECREATION CENTER FEATURED BUSINESS PROGRAM

Please submit application by:

**FAX:** 480-503-6228, Attention: Phillip Carter **E-Mail:** Phillip.Carter@gilbertaz.gov

Mail: Freestone Recreation Center

Attention: Phillip Carter

1141 E Guadalupe Rd, Gilbert, AZ 85234

Thank you for your interest in the Freestone Recreation Center's Featured Business Program. We have anywhere from 4,500-6,500 people coming through our center per week which makes our location a great place to advertise and promote your business. As a featured Business you will receive concession area space for one week (Saturday-Friday) anytime during our hours of operation. We will only have one featured business per week so apply today.

This form is an application only and will be reviewed by town staff for approval. You will be notified of the status of your application within 2 weeks. If you are approved for our Featured Business Program, you will be required to sign a Business Agreement form.

BUSINESS TYPE	PRICE PER WEEK			
Retail Business (selling merchandise)	\$200	BUSINESS FEES:  ***Please do not submit fees with this application.***		
Information Business	\$150	r lease do not submit rees with this application.		
BUSINESS NAME:		CONTACT:		
BUSINESS ADDRESS:	CITY:		STATE:	ZIP:
PHONE:()CELL:	()	FAX:()	EMAIL:	
1. I would like to apply for the follo	owing week(s): (1st	Choice)	(2nd Choice	)
2. I am applying to be a (check one)	) Information	n Business Ret	ail Business	
3. I would like to request electricity	YesNo			
4. Describe what you will be promote application.				•
5. Describe the equipment you will b	e using at the boot	h space. (Exampl	e: tent, computer etc.	)
APPLICANT SIGNATURE:			DATE:	:
	EOD OFFIC	E LIGE ONLY		
FOR OTHERWOOD COME : CE	Date Receive	E USE ONLY	Week(s)	
FOR QUESTIONS CONTACT: Phillip Carter at (480) 503-6228	Deposit Rec.	By/Date	Received by	
phillip.carter@gilbertaz.gov	Ant. pu Accepted / De	eclined Credi	Insurance Rec. By t Card / Cash / Ck #	/Date